

Complete Summary

TITLE

Heart failure: percent of patients admitted for heart failure that had documentation of instruction for monitoring weight prior to admission (inpatient heart failure antecedent cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients admitted for heart failure that had documentation of instruction for monitoring weight prior to admission.

RATIONALE

Educating patients with heart failure and their family is critical. Patient non-compliance with physician's instructions is often a cause of re-hospitalization. It is thus important that health care professionals ensure that patients and their families understand the prognosis of heart failure, the rationale for pharmacotherapy and prescribed medication regimen, dietary restrictions, and activity recommendations, and the signs and symptoms of deteriorating condition including weight monitoring instruction.

PRIMARY CLINICAL COMPONENT

Heart failure; weight monitoring instruction

DENOMINATOR DESCRIPTION

Eligible patients admitted for heart failure that had been treated in the Veterans Health Administration (VHA) for heart failure sometime during the previous 24 months (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator that had documentation of instruction for monitoring weight prior to admission (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines \(Committee to Revise the 1995 Guidelines for the Evaluation and Management of Heart Failure\).](#)
- [The pharmacologic management of chronic heart failure.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Chronic heart failure affects 6 or 7 out of every 100 adults age 65 to 74 and these numbers are increasing.

EVIDENCE FOR INCIDENCE/PREVALENCE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Incidence/Prevalence" field.

BURDEN OF ILLNESS

Heart failure (HF) is lethal: approximately two-thirds of those veterans with HF die within five years of their initial hospitalization, and HF causes significant functional limitation.

EVIDENCE FOR BURDEN OF ILLNESS

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

UTILIZATION

Hospital and resource use associated with heart disease is tremendous, with heavy utilization of both inpatient and outpatient services. Heart failure (HF) accounts for more hospital admissions than any other diagnosis in patients over age of 65.

EVIDENCE FOR UTILIZATION

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

COSTS

Estimates of annual expenditures on heart failure (HF) in the United States are astonishing, ranging from \$10 billion to \$40 billion.

EVIDENCE FOR COSTS

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Eligible patients from the Inpatient Heart Failure Antecedent cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible patients admitted for heart failure that had been treated in the Veterans Health Administration (VHA) for heart failure sometime during the previous 24 months*

*Note:

Eligible Patients: From the Inpatient Heart Failure Antecedent cohort (refer to the original measure documentation for patient cohort description).

Admitted: Acute inpatient bedsection, excludes observation bed stay

Exclusions

- Irregular or against medical advice (AMA) discharges
- C&P and employee health encounters
- Transfers (from) or (to) another facility

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator that had documentation of instruction for monitoring weight prior to admission*

*Heart Failure Weight Instruction:

- Education and instruction for monitoring weight and what do with weight changes. Patients should be advised to weigh themselves daily, to keep a

- record, and to contact their health care provider about significant weight changes greater than 2-3 lbs overnight or greater than 3-5 lbs in the course of a week. Dry weight should be established and the patient should be advised to have a scale at home. For the purposes of the measure, all components are not necessary.
- In any clinic, or inpatient stay, at anytime during the preceeding 24 months.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for weight monitoring instruction prior to admission (Inpatient Heart Failure Antecedent cohort):

- Facility Floor: 67%
- Meets Target: 89%
- Exceeds Target: 95%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Heart failure (HF): weight monitoring instruction prior to admission.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Cardiovascular](#)

MEASURE SUBSET NAME

[Heart Failure](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Nov

REVISION DATE

2005 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Heart Failure (HF): Weight Monitoring Instruction Prior to Admission," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

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